


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 5 0 6 - 6 5 3	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name H E N R Y Last Name G R E E N P.O. Box • Building and Room Number (if any) L U 0 0 0 2 6 Number and Street 5 8 - 6 2 B E R K E L E Y S T R E E T City B O S T O N State ZIP Code + 4 M A 0 2 1 1 6 -		
4. AFFILIATION OR ORGANIZATION NAME HOTEL, RESTAURANT, INSTUT. EMPLOYEES UNION AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 26	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	SEE SCHEDULE ATTACHED

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>James Cony</u> Date <u>1 / 1 (617) 423 - 3335</u> Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Henry C. Green sr</u> Date <u>5 / 3 / 2001 (617) 423 - 3335</u> Telephone Number	TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 3 9 6
19. What is the date of your organization's next regular election of officers?
MO YEAR
0 3 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 33.96 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100 00
(c) Transfer Fees	\$
(d) Work Permits	\$ 1.50 per JOB (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
- | | Yes | No |
|---|-----|----|
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | X | |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 0 6 — 6 5 3

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....			3 7 8 8 9 4	3 2 1 9 6 2
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities			0	0
	29. Investments	2		0	0
	30. Fixed Assets	5	1 8 7 1 8 9	1 2 6 5 1 3 1	
	31. Other Assets	3	0	0	
	32. TOTAL ASSETS		5 6 6 0 8 3	1 5 8 7 0 9 3	
LIABILITIES	33. Accounts Payable.....			0	0
	34. Loans Payable.....	8		0	0
	35. Mortgages Payable			0	8 5 0 0 0 0
	36. Other Liabilities	4		0	0
	37. TOTAL LIABILITIES		0	8 5 0 0 0 0	
	38. NET ASSETS (Item 32 less Item 37)		5 6 6 0 8 3	7 3 7 0 9 3	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 6 6 5 3

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 4 8 6 7 5 0	56. To Officers	9		8 1 7 1 3
40. Per Capita Tax			0	57. To Employees	10		4 7 0 1 9 8
41. Fees			1 7 1 3 1 6	58. Per Capita Tax			3 4 7 5 4 8
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		1 0 5 9 4 7
44. Work Permits			0	61. Educational & Publicity Expense ...			1 4 0 9 2
45. Sale of Supplies			0	62. Professional Fees			2 6 8 5 7 6
46. Interest			1 2 5 8 5	63. Benefits	11		1 8 0 4 8 4
47. Dividends			0	64. Contributions, Gifts & Grants	12		8 0 2 5
48. Rents			1 9 5 0 0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			6 8 6 2 7
50. Loans Obtained	8		0	67. Withholding Taxes			1 8 2 8 8 1
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		1 0 9 3 1 0 7
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		1 2 9 7 6 3 9	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		2 2 3 5 2 4
55. TOTAL RECEIPTS			2 9 8 7 7 9 0	74. TOTAL DISBURSEMENTS			3 0 4 4 7 2 2

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 5 0 6 - 6 5 3

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 5 0 6 - 6 5 3

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 0 6 6 5 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land <i>(give location)</i> : 58-62 BERKELEY STREET, BOSTON, MA 54 & 56 BERKELEY STREET, BOSTON, MA	10,000 100,000		10,000 100,000	
2. Totals from additional pages <i>(if any)</i>				
3. Buildings <i>(give location)</i> : 58-62 BERKELEY STREET, BOSTON, MA 54 & 56 BERKELEY STREET, BOSTON, MA	50,000 988,451	21,000 0	29,000 988,451	
4. Totals from additional pages <i>(if any)</i>				
5. Automobiles and Other Vehicles	4,656	466	4,190	
6. Office Furniture and Equipment	62,345	54,061	8,284	
7. Other Fixed Assets	188,533	63,327	125,206	
8. Totals of Lines 1 through 7	1,403,985	138,854	1 2 6 5 1 3 1	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages <i>(if any)</i>				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0






Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 6 — 6 5 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. LAND & BUILDING	1,088,451	1,088,451	1,088,451
2. AUTOMOBILE - VAN	4,656	4,656	4,656
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1,093,107	1,093,107	1,093,107
	7. Less Reinvestments		0
	8. Net Purchases		1 0 9 3 1 0 7
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.	0	0	0	0	
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C)			with Explanation		Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 6 - 6 5 3

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. L O U X Last Name J A N I C E First Name P R E S I D E N T Title Status C		4 8 3 8 4		1 8 7 5		5 0 2 5 9
2. G R E E N Last Name H E N R Y First Name S E C R E T A R Y - T R E A S Title Status C		4 2 1 3 4		9 0 5 9		5 1 1 9 3
3. W A L K E R Last Name E A R L E A N First Name V I C E P R E S I D E N T Title Status C			2 7 1 2			2 7 1 2
4. M O N T E R O Last Name S E B A S T I First Name R E C O R D I N G S E C R E Title Status C			3 4 2			3 4 2
5. M O T T O Last Name E L A N A First Name T R U S T E E Title Status C			1 0 6			1 0 6
6. P I R E S Last Name I V O First Name T R U S T E E Title Status C			1 1 6			1 1 6
7. W O R K S Last Name J E R R Y First Name T R U S T E E Title Status C			9 6			9 6
8. Totals from additional pages (if any)		0	2,634	75	0	2,709
9. Totals of Lines 1 through 8		90,518	6,006	11,009	0	107,533
				10. Less Deductions 2 5 8 2 0		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 8 1 7 1 3		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 6 — 6 5 3


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>1. L A N G B R I A N</div> <div>Position D I R E C T O R O R G A N I Z</div> <div>Name of Affiliated Organization</div> </div>	3 9 7 0 0				3 9 7 0 0
<div> <div>Last Name</div> <div>First Name</div> <div>2. A G U E R O E D M U N D O</div> <div>Position B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	3 9 1 2 9				3 9 1 2 9
<div> <div>Last Name</div> <div>First Name</div> <div>3. D I M A M B R O G I L D O</div> <div>Position B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	3 8 5 0 4				3 8 5 0 4
<div> <div>Last Name</div> <div>First Name</div> <div>4. F E R N A N D E S E U G E N I O</div> <div>Position B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	3 8 5 0 4				3 8 5 0 4
<div> <div>Last Name</div> <div>First Name</div> <div>5. R O D R I G U E S J O A O</div> <div>Position B U S I N E S S A G E N T</div> <div>Name of Affiliated Organization</div> </div>	3 8 5 0 4				3 8 5 0 4
6. Totals from additional pages <i>(if any)</i>	413.187	0	1.139	0	414,326
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	18.592	0	0	0	18.592
8. Totals of Lines 1 through 7	626,120	0	1,139	0	627,259
			9. Less Deductions 1 5 7 0 6 1		
Enter the Total from Line 10 in Item 57 ⇒			10. Net Disbursements 4 7 0 1 9 8		

SCHEDULE 11 — BENEFITS


FILE NUMBER: 5 0 6 — 6 5 3

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	GREATER BOSTON HEALTH & WELFARE FUND	96,778
2. PENSION	HERE IU PENSION FUND	62,213
3. PENSION	GREATER BOSTON PENSION FUND	7,770
4. HOUSING	GREATER BOSTON HOUSING FUND	4,727
5. Total from additional pages (if any)		8,996
6. Total of Lines 1 through 5		1 8 0 4 8 4
Enter the Total from Line 6  Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CONTRIBUTIONS - LOCAL	375
2. CONTRIBUTIONS- LABOR	7,650
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	8 0 2 5
Enter the Total from Line 8 in  Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TELEPHONE & BEEPER EXP	37,250
2. OFFICE SUPPLIES & EXP	22,253
3. POSTAGE	15,782
4. INSURANCE	10,957
5. COMPUTER EXP	4,078
6. PRINTING	3,452
7. Total from additional pages (if any)	12,175
8. Total of Lines 1 through 7	1 0 5 9 4 7
Enter the Total from Line 8 in  Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1 PROCEEDS FROM MORTGAGE LOAN	850,000
2 REIMBURSEMENT OF ORGANIZING EXP	446,635
3 TU BURIAL BENEFITS	500
4 REFUND - TELEPHONE	330
5 REFUND - MISC	174
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 2 9 7 6 3 9
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. ORGANIZING EXP	56,259
2. MEETING, COMMITTEE & TRAVEL EXP	38,626
3. BUILDING MAINTENANCE	21,550
4. NEGOTIATION EXP	21,259
5. REAL ESTATE TAXES	17,771
6. BUILDING UTILITIES	17,507
7. REFUNDS - DUES & FEES	11,721
8. BUILDING ALARM SYSTEM	10,904
9. BUILDING INSURANCE	9,559
10. VAN EXP	8,524
11. SHOP STEWARD'S EXP	6,047
12. LOST TIME EXP	2,142
13. CONVENTION EXP	1,655
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 2 3 5 2 4
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
HOTEL RESTAURANT INSTITUTE EMPLOYEES & BART UNION AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 6 - 6 5 3

PAGE 1 OF 8 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: A L I F E R I S First Name: R I C H A R D Title: E X E C U T I V E B O A R D Status: C			1 6 4			1 6 4
Last Name: B R Y A N T First Name: L I L L I E Title: E X E C U T I V E B O A R D Status: C			3 0 6			3 0 6
Last Name: C O L A R U S S O First Name: J O S E P H Title: E X E C U T I V E B O A R D Status: C			2 8 2			2 8 2
Last Name: D E P I N A First Name: M I G U E L Title: E X E C U T I V E B O A R D Status: C			3 4 2			3 4 2
Last Name: D I C K I N S O N First Name: D I N A Title: E X E C U T I V E B O A R D Status: C			3 4 6			3 4 6
Last Name: D O Y E N First Name: D E R M O T Title: E X E C U T I V E B O A R D Status: C			2 5 2			2 5 2
Last Name: N O E L First Name: G L E N Title: E X E C U T I V E B O A R D Status: C			3 1 2	7 5		3 8 7
Last Name: P I C A R D First Name: P H I L I P Title: E X E C U T I V E B O A R D Status: C			1 3 4			1 3 4
Totals		0	2 1 3 8	7 5	0	2 2 1 3

ORGANIZATION NAME:
HOTEL, RESTAURANT, INSTITUT. EMPLOYEES & BART. UNION AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 6 — 6 5 3

PAGE 2 OF 8 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name T R A C Y	First Name J A N I C E		2 7 4			2 7 4
Title E X E C U T I V E	B O A R D Status C					
Last Name Y E L L O C K	First Name P A T		2 2 2			2 2 2
Title E X E C U T I V E	B O A R D Status C					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals		0	4 9 6	0	0	4 9 6

ORGANIZATION NAME:
HOTEL, RESTAURANT, INSTITUTE, EMPLOYEES & BART, UNION AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 6 - 6 5 3

PAGE 3 OF 8 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: C A D Y First Name: R O B I N Position: B E N E F I T S D I R E C T O Name of Affiliated Organization:		3 6 8 4 0		2 5		3 6 8 6 5
Last Name: G O R D O N First Name: C Y N T H I A Position: O F F I C E M A N A G E R Name of Affiliated Organization:		3 7 7 1 5				3 7 7 1 5
Last Name: P A R K E R First Name: M A R K Position: R E S E A R C H E R Name of Affiliated Organization:		3 5 8 1 2		5 8		3 5 8 7 0
Last Name: R E Y E S First Name: A L F O N S O Position: M A I N T E N A N C E Name of Affiliated Organization:		2 5 3 4 8				2 5 3 4 8
Last Name: S M I T H First Name: M A C K E N Z Position: O R G A N I Z E R Name of Affiliated Organization:		3 1 7 1 2				3 1 7 1 2
Totals		1 6 7 4 2 7	0	8 3	0	1 6 7 5 1 0

ORGANIZATION NAME:
HOTEL, RESTAURANT, INSTITUTE, EMPLOYEES & BART. UNION AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 6 _ 6 5 3

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name T A Y L O R	First Name D O N A L D	2 8 8 2 1				2 8 8 2 1
Position B U S I N E S S A G E N T						
Name of Affiliated Organization						
Last Name N E L S O N	First Name J E F F R E Y	3 4 2 6 2				3 4 2 6 2
Position R E S E A R C H E R						
Name of Affiliated Organization						
Last Name G R U N F E L D	First Name D A N I E L	2 8 4 9 4				2 8 4 9 4
Position A D M I N A S S I S T A N T						
Name of Affiliated Organization						
Last Name K E S S E L	First Name A D A M	3 2 1 1 2				3 2 1 1 2
Position R E S E A R C H E R						
Name of Affiliated Organization						
Last Name D U F F A U L T	First Name S E R G E	1 9 7 4 1				1 9 7 4 1
Position C L E R I C A L						
Name of Affiliated Organization						
Totals		1 4 3 4 3 0	0	0	0	1 4 3 4 3 0

ORGANIZATION NAME HOTEL, RESTAURANT, INSTITUTE, EMPLOYEES & BART, UNION AFL-CIO
ENDING DATE OF PERIOD COVERED 12/31/2000

FILE NUMBER: 5 0 6 - 6 5 3

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name C A M A C H O First Name G A B R I E L Position B U S I N E S S A G E N T Name of Affiliated Organization	3 7 0 2 6				3 7 0 2 6
Last Name F E R N A N D E S First Name H E N R I Q U E Position R E S E A R C H E R Name of Affiliated Organization	1 5 0 0 0		1 0 5 6		1 6 0 5 6
Last Name R I C A R D O First Name E U G I E N E Position O R G A N I Z E R Name of Affiliated Organization	1 3 9 8 6				1 3 9 8 6
Last Name S H U L M A N First Name B O N N I E Position O R G A N I Z E R Name of Affiliated Organization	1 1 7 0 0				1 1 7 0 0
Last Name C H I L D S First Name E D W A R D Position O R G A N I Z E R Name of Affiliated Organization	1 0 3 6 0				1 0 3 6 0
Totals	8 8 0 7 2	0	1 0 5 6	0	8 9 1 2 8

ORGANIZATION NAME:
HOTEL, RESTAURANT, INSTITUTE, EMPLOYEES & BART. UNION AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 6 — 6 5 3

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>C O N N O R</div> <div>First Name</div> <div>N O R A</div> <div>Position</div> <div>R E S E A R C H E R</div> <div>Name of Affiliated Organization</div> </div>		1 4 2 5 8				1 4 2 5 8
<div> <div>Last Name</div> <div></div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div></div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div></div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div></div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div></div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>						
Totals		1 4 2 5 8	0	0	0	1 4 2 5 8

HOTEL RESTAURANT, INSTITUTIONAL EMPLOYEES,
AND BARTENDERS UNION, AFL-CIO
LOCAL NO. 26
FORM LM-2
FILE # 506-653
DECEMBER 31, 2000

Line Item:

11. TRUST OR FUNDS:

Greater Boston Hotel Employees Defined Contribution Pension Plan
20 Park Plaza, Suite 900
Boston, MA 02116
To provide pension benefits.

Greater Boston Hotel Employees Health and Welfare Plan
20 Park Plaza, Suite 900
Boston, MA 02116
To provide health and welfare benefits.

Greater Boston Hotel Employees 401(k) Plan
20 Park Plaza, Suite 900
Boston, MA 02116
To provide 401(k) benefits.

Greater Boston Hotel Employees Legal Services Plan
20 Park Plaza, Suite 900
Boston, MA 02116
To provide legal benefits.

Greater Boston Hotel Employees Housing Assistance Plan
20 Park Plaza, Suite 900
Boston, MA 02116
To provide housing assistance to union members.

Greater Boston Hotel Employees Education Plan
20 Park Plaza, Suite 900
Boston, MA 02116
To provide educational assistance to union members.

14. AUDIT OR REVIEW OF BOOKS AND RECORD

The books and records of the organization are audited by Ross,
Mastrogiovanni & Company, P.C., a certified public accounting firm.

23. PLEDGED ASSETS

The land and Buildings at 54 and 56 Berkeley Street and at 58-62 Berkeley
Street are collateral for the mortgage payable.

HOTEL RESTAURANT, INSTITUTIONAL EMPLOYEES,
AND BARTENDERS UNION, AFL-CIO
LOCAL NO. 26
FORM LM-2
FILE # 506-653
DECEMBER 31, 2000

Reconciliation of Net Asstets

Net Assets, January 1, 2000	\$ 566,083
Add:	
Purchase of fixed assets	1,093,107
Less:	
Increase in loan payable	850,000
Excess disbursements over receipts	56,932
Depreciation	<u>15,165</u>
	(922,097)
Net Assets, December 31, 2000	\$ <u>737,093</u>

Continuation of LM-2 Labor Organization Annual Report

HOTEL, RESTAURANT, INSTITUT. EMPLOYEES & BART. UNION AFL-CIO
Affiliation or Organization Name

5 0 6 6 5 3
File Number

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12/31/2000
Ending Period

Schedule 11 — Benefits

Description (A)	To Whom Paid (B)	Amount (C)
LEGAL	GREATER BOSTON LEGAL FUND	4,455
EDUCATIONAL	GREATER BOSTON EDUCATIONAL FUND	3,291
DEATH BENEFIT	BENEFICIARY	1,250

Continuation of LM-2 Labor Organization Annual Report

HOTEL, RESTAURANT, INSTITUT. EMPLOYEES & BART. UNION AFL-CIO
Affiliation or Organization Name

5 0 6 6 5 3

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LOCAL 26
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12/31/2000
Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
KITCHEN SUPPLIES	4,132
PAYROLL SERVICE	3,412
FEES & PERMITS	2,215
DELIVERY EXP	1,141
MACHINE MAINTENANCE	1,005
BANK CHARGES	270

